

2005 DRAFTING REQUEST

Bill

Received: **08/30/2004**

Received By: **rryan**

Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget**

By/Representing: **Blaine**

This file may be shown to any legislator: **NO**

Drafter: **rryan**

May Contact:

Addl. Drafters:

Subject: **Health - public health**

Extra Copies: **DAK**
~~**Ellen Hadidian, DHFS**~~

Submit via email: **YES**

Requester's email:

Carbon copy (CC:) to: **hadidec@dhfs.state.wi.us**

Pre Topic:

DOA:.....Blaine, Blaine -

Topic:

Well-woman program changes: appropriation, income eligibility, copayment

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?				_____			State
/1	rryan 09/09/2004	wjackson 09/09/2004	rschluet 09/09/2004	_____	lemery 09/09/2004		

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/?	rryan	1 wly 9/9					State

FE Sent For:

<END>



255.06

Department of Health and Family Services
2005-2007 Biennial Budget Statutory Language Request
August 23, 2004

Wisconsin Well-Woman Program

Current Language

s.255.06 (2) and (2)(e)
s.255.06 (2)(a)

Proposed Change

1. Amend s.255.06 (2) and (2)(e) to allow funds from appropriation s.20.435 (5) (cb) to pay for case management services for the Wisconsin Well-Woman Program (WWWP).
2. Amend s.255.06 (2)(a) to bring eligibility for WWWP into conformity with federal regulations on income limits and co-payment requirements. (See attached.)

Effect of the Change

1. The Well-Woman Program will have the statutory authority to pay for case management services from appropriation s.20.435 (5)(cb).
2. Eligibility requirements for WWWP will conform to those of the National Breast and Cervical Cancer Early Awareness program.

Rationale for the Change

GPR funds for the WWWP are in appropriation s.20.435 (5)(cb), which is an aids appropriation. Current law provides for the payment of specific costs from this appropriation; case management is not among the services listed. However, case management services are integral to the functioning of WWWP. Case managers provide service coordination and eligibility determination at the local level, assist recipients in finding appropriate providers for services that are needed, and often help arrange auxiliary services such as transportation and child care. Because there is no other state funding source, the Department allocates funds from this appropriation for case management services. This proposal provides the formal statutory authority to follow this approach.

The WWWP is funded both by federal funds, from the Center for Disease Control's National Breast and Cervical Cancer Early Awareness program, and by state funds. Federal law specifies that women who have income levels at or below 250% of poverty and who are uninsured or underinsured are eligible for the federally funded breast and cervical cancer screening services. Federal law does not require a co-payment for these services although it does allow one.

Initially, \$422,600 GPR was appropriated to fund breast cancer screening in 12 rural counties. At that time, statutory language was drafted which required a co-payment from recipients under certain circumstances. In 1993-94, the Department began receiving federal CDC Breast and Cervical Cancer cooperative agreement funding, which enabled Wisconsin to expand the breast cancer screening program statewide. Since the federal government did not require a co-payment, the Department did not enforce a co-payment requirement for the statewide program.

Current Wisconsin statutes do not reflect federal law. Eligibility is set at 150% of poverty and a co-payment is required. It is the Department's practice to provide services to women with income levels up to 250% of poverty, because it is not administratively efficient or a productive use of limited resources to have two program standards for the WWWP. The co-payment requirement has never been enforced and it would be burdensome to the network of over 1,000 providers to require co-payments now. Changing state statutes to establish program requirements that are in conformity with federal regulations will enable the Department to administer funding more efficiently and use limited resources to provide services to more women.

This statutory language change will bring statutes into agreement with current practice and federal law. There will be no increase in costs as a result of this change.

Desired Effective Date: Upon Passage of the Budget Bill
Agency: DHFS
Agency Contact: Ellen Hadidian
Phone: 266-8155

Call to Ellen 8/30/04:
Provide for a sliding copayment for women with income above 250% poverty line, or no eligibility for women over 250%?

Answer - no eligibility for women over 250%

Call to Ellen 9/9/04:
Fed. money w/ 250% elig is just for breast cancer screenings so keep elig. language under (2)(a)

In 9/9/04

DOA:.....Blaine, Blaine - Well-woman program changes: appropriation,
income eligiblity, copayment

FOR 2005-07 BUDGET -- NOT READY FOR INTRODUCTION

Rmr

DO NOT GEN

1

AN ACT ...; relating to: the Well-Woman Program.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES ✓

HEALTH ✓

Under current law, DHFS funds certain preventative health care services for low-income, underinsured, and uninsured women under the Well-Woman Program. Current law requires that DHFS charge women whose income exceeds 150% of the federal poverty line a copayment for breast cancer screenings provided under the Well-Woman Program. percent

This bill eliminates the copayment for breast cancer screenings under the Well-Woman Program and provides that women whose income exceeds 250% of the federal poverty line are not eligible for breast cancer screenings under the Program. The bill also allows DHFS to reimburse providers for case management services under the Well-Woman Program. percent

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 255.06 (2) (intro.)[✓] of the statutes is amended to read:

2 255.06 (2) WELL-WOMAN PROGRAM. (intro.) From the appropriation under s.
3 20.435 (5) (cb), the department shall administer a well-woman program to provide
4 reimbursement for health care screenings, referrals, follow-ups, case management,[✓]
5 and patient education provided to low-income, underinsured, and uninsured
6 women. Reimbursement to service providers under this section shall be at the rate
7 of reimbursement for identical services provided under medicare, except that, if
8 projected costs under this section exceed the amounts appropriated under s. 20.435
9 (5) (cb), the department shall modify services or reimbursement accordingly. Within
10 this limitation, the department shall implement the well-woman program to do all
11 of the following:

History: 1991 a. 39 s. 3709, 3710, 3711; Stats. 1991 s. 146.0275; 1991 a. 269; 1993 a. 16; 1993 a. 27 s. 345; Stats. 1993 s. 255.06; 1995 a. 27; 1997 a. 27, 79; 2001 a. 16, 107, 109; 2003 a. 33.

12 **SECTION 2.** 255.06 (2) (a) (intro.)[✓] of the statutes is renumbered 255.06 (2) (a)[✓]
13 and amended to read:

14 255.06 (2) (a) *Breast cancer screening services.* (intro.)⁹ Provide not more than
15 \$422,600 in each fiscal year as reimbursement for the provision of breast cancer
16 screening services to women who are aged 40 years or older and whose income does
17 not exceed 250%^{9 Percent} of the poverty line, by a hospital or organization that has a
18 mammography unit available for use and that is selected by the department under
19 procedures established by the department. ~~Recipients of services under this~~
20 ~~paragraph are subject to a copayment, payable to the service provider, for which the~~
21 ~~department shall reduce reimbursement to the service provider, as follows:~~ The
22 department shall reduce reimbursement for a service provided under this paragraph[✓]
23 by the amount of any applicable 3rd[⊖] party coverage.

History: 1991 a. 39 s. 3709, 3710, 3711; Stats. 1991 s. 146.0275; 1991 a. 269; 1993 a. 16; 1993 a. 27 s. 345; Stats. 1993 s. 255.06; 1995 a. 27; 1997 a. 27, 79; 2001 a. 16, 107, 109; 2003 a. 33.

1 **SECTION 3.** 255.06 (2) (a) 1. to 3. ✓ of the statutes are repealed.

2 **SECTION 4.** 255.06 (2) (e) ✓ of the statutes is amended to read:

3 (3) 255.06 (2) (e) *Health care screening, referral, follow-up, [Ⓢ] case management and patient education.*

4 Reimburse service providers for the provision of health care screening, referral,

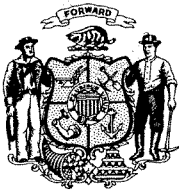
5 follow-up, case management, and patient education to low-income, underinsured,

6 and uninsured women.

History: 1991 a. 39 s. 3709, 3710, 3711; Stats. 1991 s. 146.0275; 1991 a. 269; 1993 a. 16; 1993 a. 27 s. 345; Stats. 1993 s. 255.06; 1995 a. 27; 1997 a. 27, 79; 2001 a. 16, 107, 109; 2003 a. 33.

7

(END)



State of Wisconsin
2005 - 2006 LEGISLATURE

LRB-0060/1

RLR:wlj:rs

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22 department shall reduce reimbursement for a service provided under this paragraph
23 by the amount of any applicable 3rd-party coverage.

24 **SECTION 3.** 255.06 (2) (a) 1. to 3. of the statutes are repealed.

25 **SECTION 4.** 255.06 (2) (e) of the statutes is amended to read:

1 255.06 (2) (e) *Health care screening, referral, follow-up, case management, and*
2 *patient education.* Reimburse service providers for the provision of health care
3 screening, referral, follow-up, case management, and patient education to
4 low-income, underinsured, and uninsured women.

5 (END)